

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

16 AUG 17 PM 12:28  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

ADDRESS (number and street)

P O BOX 5724



Check if different  
than previously  
reported. (ACC)

CLEARWATER

FL

33765

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 6 2 1 6 6 4

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

STATE ▼ DISTRICT

FL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

08

30

2016

in the  
State of

FL

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YYYY

in the  
State of

MM

Covering Period

07

01

2016

through

08

10

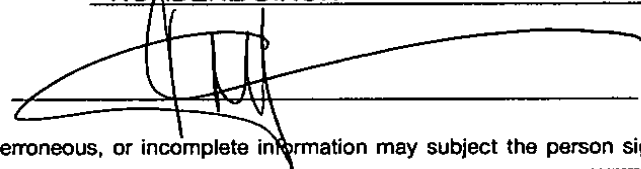
2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

NORDENE DIXON

Signature of Treasurer



Date

08

11

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)



DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
08 / 10 / 2016

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A) ..

(ii) Unitemized .....

(iii) TOTAL of contributions  
from individuals .

(b) Political Party Committees...

(c) Other Political Committees  
(such as PACs) ..

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES ..

13. LOANS:

(a) Made or Guaranteed by the  
Candidate...

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

14. OFFSETS TO OPERATING  
EXPENDITURES Return of deposit  
(Refunds, Rebates, etc.) ..

15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

20160819 0200346347

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

1 6 5 8 4 3 1

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES ..

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate...

(b) Of All Other Loans .....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b))...

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees ...

(b) Political Party Committees...

(c) Other Political Committees  
(such as PACs) ..

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c))...

21. OTHER DISBURSEMENTS...

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ▶

1 6 5 8 4 3 1

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

1 8 5 6 4 3 3

25. SUBTOTAL (add Line 23 and Line 24)...

1 8 5 6 4 3 3

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

1 6 5 8 4 3 1

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25)...

1 9 8 0 0 2

20160116021020345343

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

Full Name (Last, First, Middle Initial)

DWIGHT MARK ANTHONY YOUNG

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

Zip Code

33765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINELLAS CTY SHERIFF OFFICE

Occupation

DETENTION DEPUTY

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY  
05 / 27 / 2016

Amount of Each Receipt this Period

200000

☐ Memo Item

Full Name (Last, First, Middle Initial)

DWIGHT MARK ANTHONY YOUNG

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

Zip Code

33765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY  
06 / 15 / 2016

Amount of Each Receipt this Period

110000

☐ Memo Item

Full Name (Last, First, Middle Initial)

DWIGHT MARK ANTHONY YOUNG

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

Zip Code

33765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2016

Amount of Each Receipt this Period

50000

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

135000

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

Full Name (Last, First, Middle Initial)

A. DWIGHT MARK ANTHONY YOUNG

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

Zip Code

33765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

C

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2016

Amount of Each Receipt this Period

50000

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DWIGHT MARK ANTHONY YOUNG

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

Zip Code

33765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

C

Date of Receipt

MM / DD / YYYY  
07 / 26 / 2016

Amount of Each Receipt this Period

2000000

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DWIGHT MARK ANTHONY YOUNG

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

Zip Code

33765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

C

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2016

Amount of Each Receipt this Period

2000000

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

4500000

TOTAL This Period (last page this line number only) ▶

18600000

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 3

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. FLORIDA DEPARTMENT OF STATE**

Mailing Address

500 SOUTH BRONOUGH ST

City

TALLAHASSEE

State

FL

Zip Code

32399

Purpose of Disbursement

CANDIDATE QUALIFICATION FEE FOR U.S. SENATE

Candidate Name

DWIGHT MARY ANTHONY YOUNG

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Amount of Each Disbursement this Period

1044000

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. IMAGING SUCCESS, LLC**

Mailing Address

PO BOX 10532

City

NEWBURGH

State

NY

Zip Code

12550

Purpose of Disbursement

CAMPAIGN CONSULTATION STRATEGIST

Candidate Name

DWIGHT MARK ANTHONY YOUNG

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

Amount of Each Disbursement this Period

25000

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SELEM MEDIA GROUP**

Mailing Address

5211 W. LAUREL STREET

City

TAMPA

State

FL

Zip Code

33607

Purpose of Disbursement

MEDIA ADVERTISEMENT

Candidate Name

DWIGHT MARK ANTHONY YOUNG

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2016

Amount of Each Disbursement this Period

136800

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1205800

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. CAMPAIGNPRO - VICTORYSTORE.COM**

Mailing Address

5200 SW 30TH ST

City

DAVENPORT

State

IA

Zip Code

52802

Purpose of Disbursement

CAMPAIGN BROCHURE/FLYER

Candidate Name

DWIGHT MARY ANTHONY YOUNG

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

Amount of Each Disbursement this Period

52500

☐ Memo Item

**B. MIAMI MEDIA MASS**

Mailing Address

7510 SW 98 CT

City

MIAMI

State

FL

Zip Code

33173

Purpose of Disbursement

MEDIA ADVERTISEMENT

Candidate Name

DWIGHT MARK ANTHONY YOUNG

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

Amount of Each Disbursement this Period

30000

☐ Memo Item

**C. KABOOM**

Mailing Address

456 SW 14TH COURT

City

POMPANO BEACH

State

FL

Zip Code

33060

Purpose of Disbursement

CAMPAIGN T-SHIRTS

Candidate Name

DWIGHT MARK ANTHONY YOUNG

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2016

Amount of Each Disbursement this Period

35828

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

118328

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 3

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

Full Name (Last, First, Middle Initial)

**A. IHEART MEDIA**

Mailing Address

9549 KOGER BLVD N, STE 200

City

State

Zip Code

ST. PETERSBURG

FL

33702

Purpose of Disbursement

MEDIA ADVERTISEMENT

Candidate Name

DWIGHT MARY ANTHONY YOUNG

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2016

Amount of Each Disbursement this Period

1 3 6 0 0 0

☐ Memo Item

**B. ENTERPRISE RENT-A-CAR**

Mailing Address

24141 US HIGHWAY 19 N

City

State

Zip Code

CLEARWATER

FL

33765

Purpose of Disbursement

TRAVEL EXPENSE - CAR RENTAL

Candidate Name

DWIGHT MARK ANTHONY YOUNG

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2016

Amount of Each Disbursement this Period

3 2 5 0 0

☐ Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

1 6 8 5 0 0

TOTAL This Period (last page this line number only)

1 4 9 2 6 2 8

1902003463530

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 6

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

DWIGHT MARK ANTHONY YOUNG - PERSONAL FUNDS

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

ZIP Code

33765

Original Amount of Loan

2 0 0 0 0 0

Cumulative Payment To Date

0 0 0

Balance Outstanding at Close of This Period

2 0 0 0 0 0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY  
0 5 / 2 7 / 2 0 1 6

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NONE

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

DWIGHT MARK ANTHONY YOUNG

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

ZIP Code

33765

2. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

3. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

4. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

ZIP Code

Name of Employer

PINELLAS CTY SHERIFF OFFICE

Occupation

DETENTION DEPUTY

Amount

Guaranteed

Outstanding:

2 0 0 0 0 0

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

Name of Employer

Occupation

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)...

TOTALS This Period (last page in this line only) ..

2 0 0 0 0 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

90200346354

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 2 OF 6

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

DWIGHT MARK ANTHONY YOUNG - PERSONAL FUNDS

Mailing Address

2008 SUNSET GROVE LN

City

State

ZIP Code

CLEARWATER

FL

33765

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1 1 0 0 0 0 0

0 0 0

1 1 0 0 0 0 0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY  
0 7 / 1 9 / 2 0 1 6

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NONE

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
DWIGHT MARK ANTHONY YOUNG

Mailing Address

2008 SUNSET GROVE LN

City

State

ZIP Code

CLEARWATER

FL

33765

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Amount

Guaranteed

Outstanding:

1 1 0 0 0 0 0

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)...

1 1 0 0 0 0 0

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 3 OF 6

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

DWIGHT MARK ANTHONY YOUNG - PERSONAL FUNDS

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

ZIP Code

33765

Original Amount of Loan

5 0 0 0 0

Cumulative Payment To Date

0 0 0

Balance Outstanding at Close of This Period

5 0 0 0 0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY  
0 7 / 1 9 / 2 0 1 6

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NONE % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

DWIGHT MARK ANTHONY YOUNG

Name of Employer

UNEMPLOYED

Mailing Address

Occupation

UNEMPLOYED

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

ZIP Code

33765

Amount

Guaranteed

Outstanding:

5 0 0 0 0

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)...

5 0 0 0 0

TOTALS This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

90200346356

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 4 OF 6

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

DWIGHT MARK ANTHONY YOUNG - PERSONAL FUNDS

Mailing Address

2008 SUNSET GROVE LN

City

State

ZIP Code

CLEARWATER

FL

33765

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5 0 0 0 0

0 0 0

5 0 0 0 0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 6

M M / D D / Y Y Y Y  
2 0 / 1 6 /

M M / D D / Y Y Y Y  
2 0 / 1 6 /

M M / D D / Y Y Y Y  
2 0 / 1 6 /

M M / D D / Y Y Y Y  
2 0 / 1 6 /

M M / D D / Y Y Y Y  
2 0 / 1 6 /

N O N E

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

DWIGHT MARK ANTHONY YOUNG

Name of Employer

UNEMPLOYED

Mailing Address

2008 SUNSET GROVE LN

Occupation

UNEMPLOYED

City

State

ZIP Code

CLEARWATER

FL

33765

Amount

Guaranteed

Outstanding:

5 0 0 0 0

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)...

5 0 0 0 0

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 5 OF 6

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

DWIGHT MARK ANTHONY YOUNG - PERSONAL FUNDS

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

2008 SUNSET GROVE LN

City

State

ZIP Code

CLEARWATER

FL

33765

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2 0 0 0 0 0

0 0 0

2 0 0 0 0 0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY  
0 7 / 2 6 / 2 0 1 6

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NONE

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

DWIGHT MARK ANTHONY YOUNG

Name of Employer

UNEMPLOYED

Mailing Address

Occupation

UNEMPLOYED

2008 SUNSET GROVE LN

Amount

Guaranteed

Outstanding:

2 0 0 0 0 0

City

State

ZIP Code

CLEARWATER

FL

33765

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed

Outstanding:

City

State

ZIP Code

SUBTOTALS This Period This Page (optional)...

2 0 0 0 0 0

TOTALS This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 6 OF 6

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

DWIGHT MARK ANTHONY YOUNG - PERSONAL FUNDS

Mailing Address

2008 SUNSET GROVE LN

City

CLEARWATER

State

FL

ZIP Code

33765

Original Amount of Loan

2 0 0 0 0 0

Cumulative Payment To Date

0 0 0

Balance Outstanding at Close of This Period

2 0 0 0 0 0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY  
0 8 / 0 1 / 2 0 1 6

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NONE % (apr)

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
DWIGHT MARK ANTHONY YOUNG

Name of Employer

UNEMPLOYED

Mailing Address

2008 SUNSET GROVE LN

Occupation

UNEMPLOYED

Amount

Guaranteed  
Outstanding:

2 0 0 0 0 0

City

CLEARWATER

State

FL

ZIP Code

33765

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed  
Outstanding:

City

State

ZIP Code

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed  
Outstanding:

City

State

ZIP Code

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

Amount

Guaranteed  
Outstanding:

City

State

ZIP Code

SUBTOTALS This Period This Page (optional)...

2 0 0 0 0 0

TOTALS This Period (last page in this line only) ..

1 8 0 0 0 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; width: 80px; height: 20px;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>
City	State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes      (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> Title	



# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

N/A

NAME OF COMMITTEE (in Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

SUBTOTALS This Period This Page (optional) ..

TOTALS This Period (last page this line number) ...

TOTAL OUTSTANDING LOANS from Schedule C (last page only)...

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEC FORM 3Z (File with Form 3)  
CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS  
(To Be Used By A Principal Campaign Committee)

N/A

Name of Principal Campaign Committee (In Full)		Report Covering Period:				
		From:	To:			
		<div>M M / D D / Y Y Y Y Y Y</div>	<div>M M / D D / Y Y Y Y Y Y</div>			
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A						
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

201009100300340363

CAMPAIGN FOR DWIGHT YOUNG U.S. SENATE  
2005 P.O. BOX 5724  
CLEARWATER, FL 33765

2005 P.O. BOX 5724

U.S. SENATE

TRACKING NUMBER



10-097938

**SCREENED  
BY THE SENATE  
POST OFFICE**

SECRETARY OF THE SENATE  
OFFICE OF PUBLIC RECORDS  
P.O. BOX 77578  
WASHINGTON, DC 20013-7578



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ORLANDO, FL  
32828  
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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL 8-17-16  
Date of Receipt

8-10-16  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

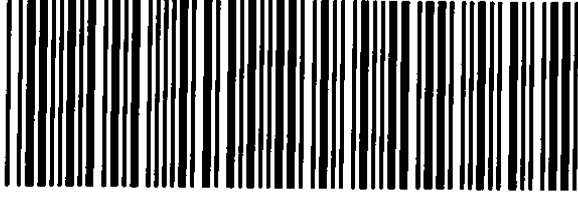
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX \_\_\_\_\_  
Date of Receipt

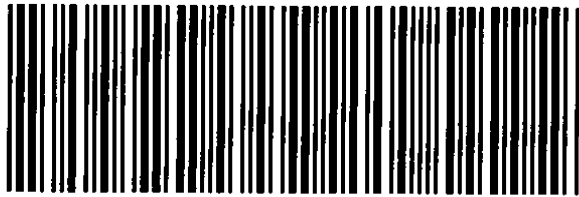
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 8-17-16

SEN PATCH



SEN PATCH



201608190200346365